

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/534,303

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			2			
4			2			
5			2			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			2			
14			2			
15			2			
16			2			
17			2			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			35			
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						